

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42762
State File No. 6159
Registrar's No. 6159

Registration District No. 701

Primary Registration District No. 5930

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Bolivar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5 miles E of Bolivar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Vernon F Woodruff

3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-070 52

4. Sex male 5. Color or race white 6. (a) Single, widowed, married 1 divorced married
6. (b) Name of husband or wife Flora Woodruff 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased May 20 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation book keeper

11. Industry or business banking

12. Name Charles Woodruff

13. Birthplace Quincy, Mo (City, town, or county) (State or foreign country)

14. Maiden name Marjorie Alden

15. Birthplace Quincy (City, town, or county) (State or foreign country)

16. (a) Informant Flora Woodruff

(b) Address Bolivar Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar Mo

18. (a) Signature of funeral director Hutchinson

(b) Address Bolivar, Missouri

19. (a) 12/15/41 (Date received local registrar) (b) E. J. Roberts (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Bolivar (If outside city or town limits, write "RURAL")
(d) Street No. 5 miles E of Bolivar (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound Duration _____

Due to self inflicted

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1640

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 12/11/41

(c) Where did injury occur? Bolivar Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place)

(e) Means of injury gun

23. Signature E. J. Roberts (M.D. or other) Coroner

Address Bolivar Mo Date signed Dec 14

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2171

Date filed 1-13-42

NOV 21 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision:

Signed S B Hutcherson

Licensed Embalmer No. 1331

P. O. Address Bolivar Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.